

COMBINED DECLARATION AND PETITION

As a below named inventor, I hereby declare that:

This declaration is of the following type:

- | | | | |
|-------------------------------------|-----------------------|--------------------------|----------------------|
| <input checked="" type="checkbox"/> | original | <input type="checkbox"/> | divisional |
| <input type="checkbox"/> | design | <input type="checkbox"/> | continuation |
| <input type="checkbox"/> | supplemental | <input type="checkbox"/> | continuation-in-part |
| <input type="checkbox"/> | national stage of PCT | | |

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled PELVIC SURGERY DRAPE, the specification of which:

- (a) ☒ is attached hereto
- (b) ☐ was filed on _____ as Application Serial No. _____ and was amended on _____ (if applicable).
- (c) ☐ was described and claimed in PCT International Application No. _____, filed on _____ and as amended under PCT Article 19 on _____ (if any).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application of which priority is claimed.

- (d) ☐ no such applications have been filed
- (e) ☐ such application have been filed as follows:

Prior Foreign Application(s)

Country (or indicate if PCT)	Application Number	Date of Filing (day, month, year)	Priority Claims Under 37 USC 119
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a), regarding events which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status-patented, pending, abandoned
60/238,958	10/9/00	Pending

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Wherefore I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification and claims, declaration, power of attorney, and this petition.

Full Name of First Inventor:

S. Robert Kovac

Inventors Signature:

Date Signed:

Residence (City, State and/or Country):

Atlanta, Georgia 30305 US

Citizenship:

US

Post Office Address(Street, City, State, Zip Code, Country):

289 W. Paces Ferry Road, Atlanta, Georgia 30305 US

Full Name of Second Inventor:

Robert E. Lund

Inventors Signature:

Date Signed:

Residence (City, State and/or Country):

Eagan, Minnesota 55122 US

Citizenship:

US

Post Office Address(Street, City, State, Zip Code, Country):

1929 Timberwolf Court, Eagan, Minnesota 55122 US

CERTIFICATE OF MAILING

PATENT

I hereby certify that on December 27, 2000, this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231.

37 C.F.R. § 1.8(a)
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Angela Wendel
 Angela Wendel

Applicant: **Kovac et al.**

Serial No.:

Filed: **December 27, 2000**

Title: **PELVIC SURGERY DRAPE**

Atty Docket No.: **687-424**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

POWER OF ATTORNEY BY ASSIGNEE
 AND EXCLUSION OF INVENTOR UNDER 37 C.F.R. § 1.32

Commissioner of Patents and Trademarks
 Washington, D.C. 20231

Dear Sir:

American Medical Systems, Inc. a Delaware corporation, located at 10700 Bren Road West, Minnetonka, Minnesota, 55343, US, having become the owner of all rights in and to the above-identified application by virtue of an Assignment attached hereto and recorded herewith, hereby appoint the following as the attorneys of record with full power of substitution and revocation, to transact all business in the Patent and Trademark Office and before competent International Authorities connected with above-referenced patent or patent application; said appointment to be to the exclusion of the inventors and their attorneys in accordance with the provisions of 37 C.F.R. § 1.12:

C. BERMAN, REG. 29249
 L. J. BOVASSO, REG. 24,075
 M. E. BROWN, REG. 28,590
 B. CANTER, REG. 34,792
 D.G. CHAPIK, REG. NO. 43,424
 L. C. CULLMAN, REG. 39,645
 C. DARROW, REG. 30,166
 W.G. EDWARDS, REG. NO. 44,426
 M. FARBER, REG. 32,612
 C. A. S. HAMRICK, REG. 22,586

S. R. HANSEN, REG. 38,486
 M. D. HARRIS, REG. 26,690
 M. HEYNINCK, REG. 44,763
 J. W. INSKEEP, REG. 33,910
 H. D. JASTRAM, REG. 19,777
 A. KAMRATH, REG. NO. 28,227
 D. N. LARSON, REG. 29,401
 J. LAZARIS, REG. 45,981
 C.J. LERVICK, REG. NO. 35,244
 K. A. MACLEAN, REG. 31,118

D. MCKINLEY, REG. NO. 42,867
 C.A. MORTON, REG. NO. 44,954
 S. OH, REG. P45,583
 D. J. OLDENKAMP, REG. 29,421
 W. POMS, REG. 18,782
 A. C. ROSE, REG. 17,047
 C. ROSENBERG, REG. 31,464
 G. P. SMITH, REG. 20,142
 R.S. TAMURA, REG. 43,179
 G.B. WOOD, REG. 28,133

Dated: _____

Robert E. Lund
1929 Timberwolf Court
Eagan, Minnesota 55122 US

STATE OF MINNESOTA)
)ss
COUNTY OF HENNEPIN)

On this ____ day of _____, 2001, before me _____, the undersigned Notary Public, personally appeared Robert E. Lund, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

Notary Public